SUPPLIER QUESTIONNAIRE

Company Name:
Address:
Has this Supplier Questionnaire been previously completed? Yes ☐ No ☐ Have your company details remained unchanged since the last completed questionnaire? Yes ☐ No ☐ **If 'YES' to both,** please complete section **below only** and return to: **Quality@FGPLtd.co.uk/ RSCQuality@RSC.uk.com** **If 'NO' to either** please complete the **full form** and return to: **Quality@FGPLtd.co.uk/ RSCQuality@RSC.uk.com**
Name (of the person filling out this form)
Job Role

Signed	Date

Supplier Questionnaire

Company Details

Telephone No:
Website:
Company No:
Sales Contact Name/Title:
Email:
Quality Contact Name/Title:
Email:
Accounts Contact Name/Title:
Email:
Number of Direct (Shop Floor) Staff Employed:
Number of Indirect (Office) Staff Employed:
Date Company was Established:
If your Company is part of a group, please state the names of the Parent Company and any Associated Companies
Parent Company:
Associated Companies:

Supplier Questionnaire

Company Business

Please detail the Product/Service range(s) of your Company
Provide a brief summary of facilities available, including a plant/equipment list if appropriate. Continue on a separate sheet or provide copies of brochures, catalogues, technical publications, etc.

Approvals

Has the Quality Management (Including Environmental, if applicable) System and facilities at your company been assessed by a Quality Assurance Representative to any of the standards listed below. If YES give details of Approval body and date if current Approval Certificate:

	Name of Approval Body	Expiry of Approval
ISO 9001		
AS EN9100		
ISO 14001		
NADCAP		
Any Other (Give Details)		

PLEASE FORWARD COPIES OF ALL REGISTRATION CERTIFICATES WITH THE COMPLETED QUESTIONNAIRE

Supplier Questionnaire

Do you agree to provide access at all reasonable times for our representatives, and our customer's quality assurance representatives as may be necessary? YES ☐ NO ☐
If NO, please state your reasons:

Do you have other sites that should be considered as part of the evaluation?
YES ☐ NO ☐
If YES, Please state locations or on an additional sheet:

Does your Company have a REACH policy? YES ☐ NO ☐
If 'Yes' please enclose 'Reach Policy' on return
Does your company have a Conflict Minerals Policy? YES ☐ NO ☐

Does your company have a Counterfeit component avoidance Policy? YES ☐ NO ☐

WHERE APPLICABLE, PLEASE PROVIDE COPIES OF THE ABOVE POLICIES

Are you aware if anyone in your organisation is related to an employee with the FGP Group

YES ☐ NO ☐

Confirmation

Confirmatory statement for signature by the Quality Management Representative
Please confirm that in supplying us with the forgoing information applicable to possible orders, you agree that we will be notified in writing of any relocation of manufacturing activities, and of any major change in your Quality Management System which may affect conformity or variation of contracted services.

Name: Signed:

Title: Date:

Please note that the completion of this questionnaire does not signify approval of your company and that it may be necessary for our Quality Assurance department to conduct an on-site audit of your facility.

Upon completion of this questionnaire, please return it together with copies of all registration certificates to:

Quality@FGPLtd.co.uk; **RSCQuality@RSC.uk.com**